

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 01/12/01 |
| FORMALITY REVIEW | SW | 30-908 | 01/25/01 |
| RESPONSE FORMALITY REVIEW | M.H. | 625 | 05-21-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 5/14/01 |
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| 10 | ✓ | ✓ | 5/14/01 |
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| 12 | ✓ | ✓ | 5/14/01 |
| 13 | ✓ | ✓ | 5/14/01 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy